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<https://www.mass.gov/orgs/board-of-certification-of-community-health-workers>

**INDIVIDUAL**

***CE PROGRAM APPROVED STATUS APPLICATION***

Certified Community Health Workers seeking approval for continuing education programs and activities must complete this application. The Board of Certification of Community Health Workers reviews and approves all applications.

**I. Instructions**

Please submit all of the documents listed below:

1. A description of each Certified Community Health Worker (CHW) training, including the topics covered, the amount of time given to each topic and how the training is related to the role of a CHW
2. Number of continuing education credits requested for the training with any of the following; a syllabus, outline, flyer, agenda and objective or transcript for the training
3. A copy of the certificate given for successful completion of the training or email verification of completion of the training from the training organization

**II. Applicant Information**

Name: \_\_\_\_\_ Certification #: \_\_\_\_\_

Address of Record (Street): \_\_\_\_\_

City/Town: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number \_\_\_\_\_

### **III. Individual Attestation**

I, \_\_\_\_\_, have completed the continuing education  
(CHW Name)  
programs and activities for which I am requesting continuing education credits (CEs) and the  
information that I have submitted with this application about these programs and activities is  
true and accurate.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Board Use Only**

**Approved by Board on: -- / -- / ----**